Brief Tobacco Treatment: Follow Up Form

Today's Date _____/_____/_____

PIN Number _____

First Name _____

Middle Initial _____

Last Name _____

Complete the following ONLY if information has changed

Street Address _____

City, State, Zip _____

Cell Phone (_____) _____

Home Phone (_____) _____

Email _____

Alternate Email _____

Interviewer _____

Notes

_____

_____

1. **Follow Up Point**
   - ❒ 1 month
   - ❒ 3 month
   - ❒ 6 month
   - ❒ 12 month
   - ❒ Other: _____

2. **Date of Last Tobacco Use** _____/_____/_____

3. **Tobacco Use has occurred**
   - ❒ In the last 7 days
   - ❒ In the last 30 days
   - ❒ Not in the last 30 days (Go to Question 5)

4. **Types of tobacco used with past 7 / 30 days**

Type	Average Amount…
a. Cigarettes	Number per day:
b. Cigars	Number per week:
c. Pipe	Bowls per week:
d. Snuff/Dip	Tins per week:
e. Chew	Pouches per week:
f. Ariva Cigaletes	Tablets per week:
g. Hookah	Bowls per week:
h. Bidis	Number per week:
i. Kreteks	Number per week:
j. Herbal Cigarettes	Number per week:
k. Orbs, Sticks, or Melt-Away Strips	Number per week:
l. Other:	Number per week:

5. **How many times have you spoken with a staff person from the clinic about your tobacco use since your initial contact on ___/___/___?**

   _____ times

6. **Current Medication Use**
   - ❒ NRT Patch 21 mg
   - ❒ NRT Patch 14 mg
   - ❒ NRT Patch 7 mg
   - ❒ NRT Gum 4 mg
   - ❒ NRT Gum 2 mg
   - ❒ NRT Inhaler
   - ❒ NRT Nasal Spray
   - ❒ NRT Lozenge 4 mg
   - ❒ NRT Lozenge 2 mg
   - ❒ Zyban /Wellbutrin /Bupropion
   - ❒ Chantix/Varenicline
   - ❒ Other: _____